CMCS Maternal and Infant Health Initiative

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Medicaid/CHIP

• The Center for Medicaid and CHIP Services is the nation’s largest insurer: almost 60 million rely on Medicaid and CHIP
• Joint state-federal program
• 48% of births
• One of every four children
• Largest payer of mental health services
• More low-income adults to come
Medicaid Moving Forward
A few of the ways we’re seeing a new Medicaid Program

- Delivery System Reform
- Process and Coverage Improvements for Consumers
- Process Improvements for States and Providers
Improving Data and Information on Medicaid & CHIP Birth Outcomes

- **Core Set of Maternity Measures for Medicaid and CHIP**
  - Timeliness of Prenatal Care
  - Frequency of Ongoing Prenatal Care
  - Behavioral Health Risk Assessment (for Pregnant Women)
  - Well-Child Visits in the first 15 months of life
  - Postpartum Care
  - Elective Delivery
  - Antenatal Steroids
  - Cesarean Rate (for 1st pregnancy)
  - Percentage of Live Births Weighing less than 2,500 grams

- **Partnered with CDC to conduct training for states on data linkage and use of state Vital Records, Medicaid claims and Title V data to facilitate collection of relevant Medicaid quality measures.**
  - Initial states for training: AZ, GA, KY, IN, MA, ME, MI, MS, NM, NV, OK, SD, WV and WY

- **Conducted analysis of Medicaid and private insurance birth outcomes and hospital costs using the HCUP Nationwide Inpatient Sample (NIS) data.**
The Strong Start initiative has two different but related strategies:

1. Reducing Early Elective Deliveries

Testing a nationwide public-private partnership and awareness effort to spread the adoption of best practices that can reduce the rate of early elective deliveries before 39 weeks for all populations.

2. Enhanced Prenatal Care Approaches

Testing the effectiveness of specific enhanced prenatal care approaches to reduce preterm births for high-risk women enrolled in Medicaid and CHIP; reduce morbidity and mortality; and reduce adverse outcomes in future pregnancy, including preventing unintended pregnancy.
Improving Birth Outcomes: Expert Panel

• Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid and CHIP
  – Convened by CMCS contractor in June 2012 co-chaired by Mary Applegate, MD and James Martin, MD FACOG
  – Met for one year to identify strategies to improve birth outcomes
  – Established a goal of developing 4-5 strategies to improve outcomes using Medicaid levers
# Improving Birth Outcomes: Summary of Expert Panel Strategies

<table>
<thead>
<tr>
<th>Data Measurement and Reporting</th>
<th>Enhanced Maternal Care Management</th>
<th>Effective Reproductive Enablers</th>
<th>Perinatal Payment Strategies</th>
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<tbody>
<tr>
<td>Improve measurement of the timing and content of postpartum care</td>
<td>Assure use of progesterone treatment for women at high risk for preterm birth through improved screening, tracking and policies</td>
<td>Implement reimbursement and new policies to promote LARC</td>
<td>Unbundle global based obstetric fee schedules</td>
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<td>Adopt contraception and family planning measures</td>
<td>Coverage for continuous doula support during labor</td>
<td>Improve rates and content of adolescent well-care visits through measurement, data infrastructure &amp; incentives</td>
<td>Adopt blended payment for Cesarean and vaginal deliveries</td>
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<td>Coverage for comprehensive prenatal care (i.e., including physical, mental, social services) for women with chronic medical conditions through 90 days postpartum</td>
<td>Provide coverage and provider incentives to increase rates of well-woman visits</td>
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<td>Payment, program and policy actions to support breastfeeding</td>
<td>Reimbursement and service delivery policies that engage adolescents, their parents and physicians to promote mental, physical &amp; reproductive care</td>
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<td>Develop mechanism for designating high risk pregnancies &amp; risk adjusted payments</td>
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<td>Education &amp; other supports for identification and treatment of maternal mental health conditions</td>
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<td>Reimburse qualified educators for childbirth education</td>
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<td>Programs and policies for screening, referral and treatment of women with substance abuse disorders</td>
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• Reduce Unintended Pregnancy And Improve Birth Spacing by Increasing Contraceptive Access And Use
• Expand and Enhance Breastfeeding
• Reduce Preterm Birth and Adverse Pregnancy Outcomes
• Unbundle Global Maternity Services & Change Payment To Promote Appropriate Regionalization Of Maternal and Neonatal Care and Develop Perinatal Care as a Value-based Purchasing Bundle with Quality And Performance Measures Tied to Outcomes that Include Cost
• Policies and Procedures to Drive Early And Regular Adolescent and Adult Well Checks
• Develop Population-based Perinatal Data Systems to Enable Health Care System and Health Care Provider Performance Measurement and Reporting

Building on the input of the Expert Panel, CMCS developed a multi-pronged strategy designed to achieve 2 goals over a 3-year period in twenty states:

1) Increase by 10 percentage points the rate of postpartum visits; and

2) Increase by 15 percentage points the use of effective contraception in Medicaid and CHIP
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Initiative Strategy

– Engage states, providers and beneficiaries
– Leverage federal partnerships
– Strengthen Technical Assistance
– Quality Measurement
Promote timely and comprehensive postpartum care

- Use public reporting tools to raise the visibility of state information on receipt and content of postpartum visits.
- Encourage states to include performance improvement projects to increase postpartum care visits in their managed care and/or EQRO contracts.
- Support states in adopting more effective policies and strategies for lactation services during the postpartum period.
- Encourage states to use integrated care models to focus on care management for Medicaid covered women with prior adverse birth outcomes and chronic conditions.
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- Promote use and access to effective contraception
  - Collaborate with CDC to develop measures related to contraceptive services and provide states with assistance in using them across program authorities to drive improvement.
  - Raise the profile of states that adopt payment policies which support appropriate and timely use of LARCs.
  - Conduct education and outreach to states, providers, beneficiaries in partnership with stakeholders (federal and other partners).
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- Crosscutting Approaches:
  - Provide states with information on promising practices for unbundling the global payment fee for prenatal and postpartum care.
  - Improving provider and beneficiary education
Assessing Progress on the Goals

• Quality Measures:
  – The HEDIS measure for Postpartum Care from the Medicaid Adult Core Set; and
  – A developmental measure, *Contraception Service Utilization* that assess the proportion of women who received contraceptive services in the past 12 months that adopt or continue use of:
    a) The most effective (i.e., male or female sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved methods of contraception;
    b) An FDA-approved, long-acting reversible method of contraception (i.e., implants, intrauterine devices or systems (IUD/IUS)).

(detailed specifications will be available Oct 2014)
Next Steps

- Initiative Rollout
- Engaging States
- Engaging Providers
- Identify opportunities to address barriers
- Webinar series
- Quality Improvement Series
- Tools and best practices
For more information visit Medicaid.gov:

Maternal and Infant Health Care Quality –